



STATE OF MARYLAND

**DHMH**Office of Health Services  
Medical Care Programs

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**Maryland Department of Health and Mental Hygiene**  
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Home Health Transmittal No. 40****September 30, 2004**

**TO:** Home Health Agency Administrators

**FROM:** *Susan J. Tucker*  
Susan Tucker, Executive Director  
Office of Health Services

**NOTE:** Please ensure that appropriate staff members in your organization are informed about the contents of this transmittal.

**RE:** Preauthorization

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Pursuant to COMAR 10.09.04.06A(2), preauthorization is required for services rendered in any thirty-day period for which the provider anticipates interim payments in excess of the Medicaid average nursing facility rate. Effective July 1, 2004, this rate is \$5,274.00. All other preauthorization procedures remain the same.

Questions concerning this transmittal should be directed to the Staff Specialist for Home Health Services at (410) 767-1448 or 1-877-4MD-DHMH extension 1448.

